

**FOR OFFICE USE ONLY:**  
**REGISTRATION TIME:**

**PAID WITH CHECK: AMOUNT AND NUMBER**  
**PAID WITH CASH: AMOUNT**

**2016 SAFE SUMMER XXII**  
**Grades 6th to 12<sup>th</sup> (Grade in Fall 2016)**  
**Registration Form**

Child's Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street Zip Code

Parent/Guardian Name \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Phone (W) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Phone (W) \_\_\_\_\_

Email Address \_\_\_\_\_

Person having custody of child \_\_\_\_\_ Custody restraints Y \_\_\_\_\_ N \_\_\_\_\_

Person with permission to pick up child other than parents:

1) \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

2) \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Who may NOT pick up child:

1) \_\_\_\_\_ Relationship to child \_\_\_\_\_

2) \_\_\_\_\_ Relationship to child \_\_\_\_\_

\* \* \* \* \*

Please check off the sessions that your child will be attending:

Week 1: July 5 - July 8 \_\_\_\_\_

**\*\* PLEASE NOTE:**

Week 2: July 11 -15 \_\_\_\_\_

Lake Compounce Field Trip (5 PM) \_\_\_\_\_

**EXTENDED HOURS**

Week 3: July 18 - 22 \_\_\_\_\_

Splashdown Park Field Trip (3 PM) \_\_\_\_\_

**FOR THESE TWO**

Week 4: July 25 - 29 \_\_\_\_\_

**FIELD TRIPS\*\***

**\*\*Field Trips must be prepaid at Registration. 7/13 Lake Compounce, \$39.00 7/19 Splashdown - \$33.00**

**Trips are to be paid separately by cash or check.**

**\*\* If you elect not to participate in out of town field trips, please be advised the site will be closed for the day**

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Child's Birth date \_\_\_\_\_ Grade entering next year \_\_\_\_\_ Age as of June 1, 2016 \_\_\_\_\_

\* School attending Fall 2016 \_\_\_\_\_

Grade this year \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

## EMERGENCY / MEDICAL INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Phone (C): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Phone (C): \_\_\_\_\_

Emergency contact person(s) who are authorized to give consent in the event a parent/guardian cannot be reached:

1) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

2) \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies, Nosebleeds, Bites, etc.: ☐ yes ☐ no

If yes, please explain: \_\_\_\_\_

Does your child have any special needs or receive care for any special needs that we need to be made aware of? ☐ yes ☐ no

I certify that, to the best of my knowledge, my child is in good health and able to participate in the 2016 Safe Summer XXIII Program. In the event of an emergency, I understand that every effort will be made to contact the parent/guardian. In the event he/she cannot be reached, I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery as deemed necessary for the child named above.

Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

## PARENT/LEGAL GUARDIAN AGREEMENT

I give full permission for \_\_\_\_\_ to attend the 2016 Safe Summer XXIII Program and participate in all activities including any off site trips. I have read the 2016 Safe Summer XXIII flyer and agree to abide by its rules. I authorize the use of photographs of my child for the use of promoting the 2016 Safe Summer XXIII Program. I understand that 2016 Safe Summer XXIII Program is not responsible for the loss of personal property. Electronic devices including cell phone are prohibited. 2016 Safe Summer XXIII Program reserves the right to cancel or modify any session.

**NO REFUNDS WILL BE GIVEN AFTER JUNE 30<sup>th</sup>**

I, the undersigned, understand and agree to adhere to the policy that in the event that disciplinary action must be taken it will at the discretion of the Site Director and the Office of Danbury Parks and Recreation. Actions will be in congruence with the Danbury Public Schools Disciplinary Procedures, a copy of which may be obtained upon request. In the event that your child is suspended or expelled from the program:

**THERE WILL BE NO REFUNDS, INCLUDING ANY PREPAID TRIP FEES.**

I have read all the information including the Emergency Medical Policy as well as the Parent/Guardian Agreement and agree to adhere to the above stated procedures.

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_